PTC/SB/08 (12-04)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application or Doctor Number		
APPLICATION AS FILED - PART I OTHER								THAN
(Column 1)		· 1 (C:	(Column 2)		SMALL ENTITY		SMALL ENTITY	
FOR NUMBER FILED BASIC FEE		NUMB	NUMBER EXTRA		FEE (8)	1	RATE (8)	FEE (1)
(ST CFR 1.16(m), (th), or (th)					150	1		
(37 CFR 1.1604 (), or (35)				l L	200			
EXAMINATION FEE (37 CFR 1.18(b), (b), or (q))					100			
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APPLICATION SIZE sheets of paper, the is \$250 (\$125 for sm.		email entity) for	each		1 / .	i		
(37 CFR 1.16(a))	additional 50 the 35 U.S.C. 41(a)(1					'		
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APPLICATION AS AMENDED - PART II								
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FIRST PRESENTATION OF MILETIPLE DEPENDENT CLAIM (37 CFR 1.160)						_		
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 If the entry in column 1 is loss than the entry in column 2, write "0" in column 3. 				ADD'L PEE		OR	ADD'L FEE	
"If the Tighest Number Proviously Peld For" IN THIS SPACE is less than 20, enter "20". If the Tighest Number Proviously Peld For" IN THIS SPACE is less than 20, enter "20".								
The Highest Number Proviously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. his collection of information is required by 37 CFR 1.18. The information is required in obtain or retain a broad by the column 1.								

This conscision of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is for file (and by the USPTO to process) an application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Then will vary depending upon the individual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petern and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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